2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 26, 2004 8:00 am
Secretary of State

04-26-2004 90055 049 ****50.00

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1. Entity Name
WPM PROPERTIES, LLC

Principal Place of Business	Mailing Address
109 GREENWING TEAL COURT DAYTONA BEACH, FL 32119	109 GREENWING TEAL COURT DAYTONA BEACH, FL 32119

34000000

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0426036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CULLER, RUSTY MITCHELL President/owner
109 GREENWING TEAL COURT
DAYTONA BEACH, FL 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-owner CULLER, RUSTY M 109 GREENWING TEAL CT DAYTONA BEACH FL 32119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Rusty Mitchell Culler Rusty Culler 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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